

## Oral Abstract Session V: Maxillofacial Reconstruction

different technologies and system designs. Little investigation has been conducted to quantify the relative mechanical strengths of various plate designs and configurations to determine the most effective means of achieving rigid internal fixation of the mandible.

This study compares the relative biomechanical strengths of three different techniques of mandibular fixation using two different plating systems. A bovine mandibular fracture model with dimensions similar to the human mandible was utilized. Uniform fractures were created using a microsaw. Fixation was then performed using one of three different techniques: six screw eccentric dynamic compression plates (EDCP), six screw reconstruction plates (RECON) and a paired system using a four screw dynamic compression plate with a two screw tension band (DCP + TB). Six models were prepared and tested for each technique using plates from the Synthes/A-O mandibular system and plates from a newly developed mandibular system which incorporates a down sized, low contact titanium plate design for use with 2.4 mm screws. Each of the six systems was tested on six models ( $n = 36$ ). The plated fracture models were then mounted in an Instron tensiometer and a load applied 3 cm anterior to the experimental fracture site at a rate of 1 cm per minute until failure. Loading data was graphically recorded and evaluation of the mode of failure noted.

The load sustained by the model at the time of failure for the 2.4 mm Low contact systems were: EDCP 13.9 kg (12.5-15.2), DCP + TB 33.1 kg (21.5-46.0) and RECON 17.1 kg (16.0-20.5). Loads recorded for the 2.7 mm systems were: EDCP 33.4 kg (30.0-41.7), DCP + TB 55.5 kg (46.0-60.5), and RECON 30.4 kg (22.0-40.0).

Failure of the 2.4 mm DCP + TB, the 2.7 mm EDCP and the 2.7 mm DCP + TB occurred primarily at the screw-bone interface. Failure of the 2.4 mm EDCP occurred by plate deformation. The 2.4 mm and 2.7 mm reconstruction plates failed by deformation of the plates at the bending joints.

**Conclusions:** For all tested fixation techniques the 2.7 mm system sustained significantly greater loads than the comparable 2.4 mm system. The 2.4 mm EDCP and 2.4 mm RECON sustained the smallest loads and the 2.7 mm DCP + TB sustained the greatest loads before failure. Failure of the plates (2.4 EDCP, 2.4 Recon, 2.7 Recon) at subfunctional loads indicates fixation that could undergo permanent deformation during function. This problem was always avoided with a paired plate system.

## References

- Spizal, R.: Internal Fixation of the Mandible. New York, Springer-Verlag, 1989  
 Rogers, K., Agost, L., Shaffer, D.: Mandibular tension band differences with 4 and 6 screw plates. J Dent Res 70:2305, 1991

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## CAD-CAM Generated Mandibular Model Prototype From MRI Data

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Computer-aided design/computer-aided manufacturing (CAD/CAM) of three dimensional (3-D) models on radiographic imaging data currently requires computed tomography (CT).<sup>1</sup> Although 3-D, contrast enhanced MRI images have been developed,<sup>2</sup> there are no reports of MRI data digitized to direct a numerically controlled milling machine. This study utilized coronal MRI scans to generate an actual three dimensional model of the human mandible.

A phantom model of an edentulous cadaver mandible was cast in poly(methylmethacrylate) (PMMA). PMMA is not ordinarily imaged by MRI. The model was submerged in a 60 mM copper sulfate (CuSO<sub>4</sub>) solution to simulate the soft tissue envelope surrounding the mandible in vivo. Coronal sections of the PMMA mandible were imaged at 1 mm increments on a 1.5 General Electric Signa Advantage whole-body MR. T1 weighted images were obtained because of the faster scan times and better anatomic definition. CuSO<sub>4</sub> generates a more intense signal than water in T1 weighted images due to its paramagnetic properties. Films were developed directly from the MR system and the images hand-transferred to bond paper utilizing a reference. The transferred images were digitized with a digitizer pad and puck. 3-D computer images of the digitized sections were constructed with HURCO ULTIMATE AutoCAD software on a Nebuta XT-12 (IBM compatible) computer. The AutoCAD file was then employed to generate a tool path for a HURCO CNC ("computer numerically controlled") Kneetype milling machine. A block of wood was positioned and secured onto the HURCO and a wood model of the MRI-scanned PMMA mandible was manufactured. This model was foreshortened in the anterior-posterior direction compared to the PMMA mandible by approximately 20%.

A customized, true scale model of patient anatomy is a powerful adjunct to diagnosis and treatment. These models aid not only dental implant placement, but will allow construction of custom prostheses and fabrication of appropriately formed maxillofacial plates for correction of continuity defects. To our knowledge, these models are now available only from CT imaging data. A major disadvantage of this technique is the utilization of ionizing radiation necessary to generate accurate images and models, typically 25 cGy for 3 mm overlapping of the mandible. MRI is a means of obtaining detailed anatomic and physiologic patient data in virtually unlimited quantities without exposing the patient to the potentially harmful effects of ionizing radiation. This in-